Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

1075-4390

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE O			OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS			21		100.0			RATE	FEE	7	RATE	FEE
FOR			ALL MARKED ELLED		NI IN T	DED EVIDA		BASIC FEE	<u> </u>	1	BASIC FEE	770.00
 		· · · · · · · · · · · · · · · · · · ·	NUMBER FILED		NUMBER EXTRA			DASIC FEE	365.00	OR	DASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			minus 20=		* /			X\$ 9=	l	OR	X\$18=	US.
INDEPENDENT CLAIMS			(minus 3 =		* 0	0		X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	
* If the difference in column 1 is less than zero, ente					"0" in c	olumn 2		TOTAL		OR	TOTAL	788
CLAIMS AS AMENDED - PART II										•	OTHER	THAN
	**	(Column 1)	,	(Colun		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)										•	ADDI1. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID F	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	-	OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						!	+145=			.000	
										OR	+290= TOTAL	
										OR ,	ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		8		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1			UH		
* If the entry in column 1 is less than the ntry in column 2, write "0" in column 3.										OR	+290=	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ADDIT. FEE	
		ber Previously Paid					r foui	nd in the app	ropriate box	in col	ımn 1.	